

### **ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2010 OF THE CONDITION AND AFFAIRS OF THE

CareSource Michigan

NAIC Group Code (Cur	3683	,	NAIC Company Code	95562	Employer's ID Number _	38-3252216
Organized under the Laws of	of	Michigan	, State	e of Domicile	or Port of Entry	Michigan
Country of Domicile		-		d States	,	
Licensed as business type:	Life, Accide	nt & Health [ ]	Property/Casualty [	]	Hospital, Medical & Dental Ser	vice or Indemnity [ ]
	Dental Serv	ice Corporation [ ]	Vision Service Corpo	ration [ ]	Health Maintenance Organizat	ion [ X ]
	Other [ ]		Is HMO, Federally (	Qualified? Ye	es[]No[X]	
Incorporated/Organized		05/24/1995	Commence	ed Business	08/01/19	96
Statutory Home Office		2900 West Road	Suite 201		East Lansing, MI 4882	3-6386
•		(Street and Nu	mber)		(City, State and Zip Coo	le)
Main Administrative Office				est Road, S		
Fast I	ansing, MI 48	823-6386	(8	Street and Number	er) 517-349-9922	
	City, State and Zip				(Area Code) (Telephone Number)	
Mail Address	2900	West Road, Suite 201	,,		East Lansing, MI 48864-63	86
	(Stree	t and Number or P.O. Box)			(City, State and Zip Code)	
Primary Location of Books a	ind Records				t Road, Suite 201	
Fact I	ansing, MI 48	823-6386		(Stree	et and Number) 937-531-2159	
	City, State and Zip			(Are	ea Code) (Telephone Number) (Extension	)
Internet Web Site Address			www.ca	aresource.co	m	
Statutory Statement Contact		L Tarlton Thon			937-531-2159	
·		(Name)		_	(Area Code) (Telephone Number) (E	extension)
tariton.ti	nomas@care: (E-Mail Addres				937-531-2676 (Fax Number)	
Name Sharon R. Williams Bobby Jones		Title Plan Preside Chief Operating		Name Craig Thiele Tarlton The	e M.D, Chief	Title Medical Officer Financial Officer
			·		· · · · · · · · · · · · · · · · · · ·	
Pamela B. Morris		Margaret Marg	CTORS OR TRU	SIEES Evonne Willi	iame Kare	en Hamilton
J. Thomas Maultsby		John M. Rockv			Trans	
State of		SS				
above, all of the herein describe that this statement, together will liabilities and of the condition and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective	tity, being duly ed assets were th related exhi nd affairs of the cordance with t es or regulation ely. Furthermo copy (except	sworn, each depose and the absolute property or bits, schedules and exp as aid reporting entity as he NAIC Annual Statems is require differences in the the scope of this atterior formatting differences.	If the said reporting entity, free lanations therein contained, a of the reporting period stated ent Instructions and Accounting reporting not related to accoustation by the described office	e and clear from annexed or real above, and congressing practices are also included.	said reporting entity, and that on the said reporting entity, and that on the said report to, is a full and true statement its income and deductions therefore to the sand procedures manual except to the sand procedures, according to the less the related corresponding electratement. The electronic filing may	ept as herein stated, and ent of all the assets and om for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC,
Sharon R. V Plan Pres			L. Tarlton Thomas III Chief Financial Office		Bobby J Chief Operati	
Subscribed and sworn to b				b. If 1. 2.	this an original filing? no: State the amendment number Date filed Number of pages attached	Yes [ X ] No [ ]

### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	1		,	,		
Group subscribers:						
					1	
0299997 Group subscriber subtotal	10	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	10	<u> </u> 0	0	l0	0	<u> </u> 0
0399999 Premiums due and unpaid from Medicare entities						
0299999 Total group	234,949		2,381	255,304		492,634
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	234,949	0	2,381	255,304	0	492,634

### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

EXHIBIT OF TIEAETH GARE REGELVADEED													
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted							
0199998 - Aggregate of amounts not individually listed above.	18,583	18,909	19,283	133,539		56,775							
0199999 - Totals - Pharmaceutical rebate receivables	18,583	18,909	19,283	133,539	133,539	56,775							
0299998 - Aggregate of amounts not individually listed above. 0299999 - Totals - Claim Overpayment Receivables	30,835	1,451	989	123,701	100,000	156,976							
0299999 - Totals - Claim Overpayment Receivables	30,835		989	123,701	0	156,976							
10ther Receivables		.,	***	:==;:=:	•	,							
State of Michigan Maternity Case Rate			12,859	250,597		627,951							
069998 - Apprenate of amounts not individually listed above	460	0,110	12,000	200,000		460							
0699999 - Totals - Other Receivables	294,815	70,140	12.859	250,597	0	628,411							
COCCOCC TOTAL CONTROL TO CONTROL	201,010	70,110	12,000	200,001	<u> </u>	020,111							
	•												
	I												
	1												
0799999 Gross health care receivables	344,233	90,500	33,131	507,837	133,539	842,162							

## **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid Claims												
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total							
Claims Unpaid (Reported)		,	,										
0199999 Individually listed claims unpaid.													
0299999 Aggregate accounts not individually listed-uncovered						0							
0399999 Aggregate accounts not individually listed-covered	980,757	708,094	125,139	59,885	190,687	2,064,562							
0499999 Subtotals	980,757	708,094	125,139	59,885	190,687	2,064,562							
0599999 Unreported claims and other claim reserves 0699999 Total amounts withheld						11,919,893							
0799999 Total amounts withheid						13,984,455							
0899999 Accrued medical incentive pool and bonus amounts						513,091							

### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6		nitted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
			ļ				<b> </b>
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						-	<b></b>
0199999 Individually listed receivables 0299999 Receivables not individually listed	0	0	0	0	0	0	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
CareSource Management Group	Administration	857,361	857,361	
0199999 Individually listed payables		857 , 361	857,361	0
0299999 Payables not individually listed				
0399999 Total gross payables		857,361	857,361	0

### **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	57 , 115	0.1	1,779	4.7		57 , 115
2. Intermediaries	1,178,496	L1.1	38,204	101.2		1,178,496
3. All other providers	31,347,128	30 . 5	38,204	101.2		31,347,128
4. Total capitation payments		31.7	78 , 187	207 . 2	0	32,582,739
Other Payments:			· ·			
5. Fee-for-service		0.0	XXX	XXX		
Contractual fee payments	70,041,151		XXX	XXX	,	70 , 041 , 151
7. Bonus/withhold arrangements - fee-for-service	<b>.</b> 0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments		0.0	XXX	XXX		
9. Non-contingent salaries		0.0	XXX	XXX		
10. Aggregate cost arrangements		0.0	XXX	XXX		<u> </u>
11. All other payments		0.0	XXX	XXX		
12. Total other payments	70,041,151	68.3	XXX	XXX	0	70,041,151
13. Total (Line 4 plus Line 12)	102,623,890	100 %	XXX	XXX	0	102,623,890

### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 1 - PART 2 - SUMMART OF TRANS	AOTIONO WITH INTER	MILDIAINE	<u> </u>	
1	2		4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			•	,	
9999999 Totals		0	XXX	XXX	XXX

### **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies	▍╚					
Durable medical equipment						
Other property and equipment						
3. Other property and equipment						
6. Total	0	0	0	0	0	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 3683 BUSINESS IN THE STATE OF	Michigan			DURING THE YEAR	2010		T	NAI	C Company Code	95562
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	41,557							190	41,367	
2 First Quarter	39,318							231	39,087	
3 Second Quarter	39,228							289	38,939	
4. Third Quarter	37,582							322	37,260	
5. Current Year	37,737							363	37,374	
6 Current Year Member Months	469,844							3,416	466,428	
Total Member Ambulatory Encounters for Year:										
7. Physician	192,255							2,171	190,084	
8. Non-Physician	132,479							2,676	129,803	
9. Total	324,734	0	0	0	0	0	0	4,847	319,887	
10. Hospital Patient Days Incurred	16,055							577	15,478	
11. Number of Inpatient Admissions	4,445							127	4,318	
12. Health Premiums Written (b)	130 , 490 , 522							3 , 357 , 184	127 , 133 , 338	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	130 , 490 , 522							3 , 357 , 184	127 , 133 , 338	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	102,623,890							2,462,054	100 , 161 , 836	
18. Amount Incurred for Provision of Health Care Services	103,773,521							2,721,280	101,052,241	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......3,357,184



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CareSource Michigan

2.

AIC Group Code 3683 BUSINESS IN THE STATE OF	Concelidated			DURING THE YEAR	2010			(LOCATION)	IC Company Code	95562
AIC Group Code 3683 BUSINESS IN THE STATE OF	1 1	Compret (Hospital &	nensive	4	5	6	7	8 NA	IC Company Code 9	95562
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	41,557	0	0	0	0	0	0	190	41,367	
2 First Quarter	39,318	0	0	0	0	0	0	231	39,087	
3 Second Quarter	39,228	0	0	0	0	0	0	289	38,939	
4. Third Quarter	37,582	0	0	0	0	0	0	322	37 , 260	
5. Current Year	37,737	0	0	0	0	0	0	363	37,374	
6 Current Year Member Months	469,844	0	0	0	0	0	0	3,416	466,428	
Total Member Ambulatory Encounters for Year:										
7. Physician	192,255	0	0	0	0	0	0	2,171	190,084	
8. Non-Physician	132,479	0	0	0	0	0	0	2,676	129,803	
9. Total	324,734	0	0	0	0	0	0	4,847	319,887	
10. Hospital Patient Days Incurred	16,055	0	0	0	0	0	0	577	15,478	
11. Number of Inpatient Admissions	4,445	0	0	0	0	0	0	127	4,318	
12. Health Premiums Written (b)	130,490,522	0	0	0	0	0	0	3,357,184	127 , 133 , 338	
Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned		0	0	0	0	0	0	3,357,184	127 , 133 , 338	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	102,623,890	0	0	0	0	0	0	2,462,054	100 , 161 , 836	
18. Amount Incurred for Provision of Health Care Services	103,773,521	0	0	0	0	0	0	2,721,280	101,052,241	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......

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### **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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SCHEDULE S - PART 2
Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC	2	3	4	5	6	7
Company Code	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
Accident and Hea	1th - Non-Affili 95-2371728	ates 03/01/2010	Ace American Insurance Company.	Philadelphia. PA	59.754	28,983
0599999 - Tota	I Accident and H	ealth – Non-Affilia	tes		59,754	28,983
0699999 - 10ta	I - Accident an	d Hearth		I	59,754	28,983
		•				
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0799999 Tota	IIs-I ife Annuity	and Accident and	 Health	l	59,754	28,983
oragasa rota	no-Line, Annuity	and Accident and	ı ıcaıtıl		1 39,734	28,983

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#### ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

### **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC			•			·		Reserve Credit	10	11	Modified	
Company	Federal ID	Effective Date					Unearned Premiums	Taken Other than for Unearned Premiums			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Туре	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
Total Autho	rized General Ac	count - Non-Affil	iates				1					
22667	95-23/1/28	03/01/2010[	Ace American Insurance Company	Philadelphia, PA	SSL/1/A	380,100						
0299999 -	Total Authorized	d General Account	- Non-Affiliates			380,100 380,100	0	0	0	0	0	0
0399999 -	Total Authorized	d and Unauthorized	d General Account			380,100	0	0	0	0	0	0
0/33333 -	TOTAL AUTHOLIZE	a and onauthorized	d General Account		1	300,100	0	0	0	U	0	0
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1599999	Totals					380,100	0	0	0	0	0	0 '

### **SCHEDULE S - PART 4**

	Reinsurance Ceded To Unauthorized Companies												
NAIC Company Code	2 Federal ID Number	3 Effective Date	4  Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
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				l									
1199999	Total	ļ	1	0	0	0	n	n	n	n	0	n	n

Schedule S - Part 5
Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 1	Omitted) 2	3	4	5
	2010	2009	2008	2007	2006
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII-Medicare	16	4	1	0	0
3. Title XIX-Medicaid	364	507	288	304	310
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable	29	30	48	0	0
Reinsurance recoverable on paid losses	60	246	57	100	132
9. Experience rating refunds due or unpaid		0	0	0	0
Commissions and reinsurance expense allowances unpaid		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)	0	0	0	0	0
13. Letters of credit (L)	0	0	0	0	0
14. Trust agreements (T)	0	0	0	0	0
15. Other (O)	0	0	0	0	0

### **SCHEDULE S - PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	36,298,394		36,298,394
2.	Accident and health premiums due and unpaid (Line 15)	492,634		492,634
3.	Amounts recoverable from reinsurers (Line 16.1)	59,754	(59,754)	0
4.	Net credit for ceded reinsurance	XXX	88,737	88,737
5.	All other admitted assets (Balance)	1,028,565		1,028,565
6.	Total assets (Line 28)	37,879,347	28,983	37,908,330
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	13,955,472	28,983	13,984,455
8.	Accrued medical incentive pool and bonus payments (Line 2)	513,091		513,091
9.	Premiums received in advance (Line 8)	226 , 162		226 , 162
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11.	Reinsurance in unauthorized companies (Line 20)	0		0
12.	All other liabilities (Balance).	1,406,383		1,406,383
13.	Total liabilities (Line 24)	16,101,108	28,983	16,130,091
14.	Total capital and surplus (Line 33)	21,778,240	XXX	21,778,240
15.	Total liabilities, capital and surplus (Line 34)	37,879,347	28,983	37,908,330
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	28,983		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	59,754		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	88,737		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	88,737		

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

				Direct Bus	incas Only		
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6
States, Etc.		(Group and individual)	Annuities (Group and individual)	(Group and individual)	(Ğroup and individual)	Deposit-Type Contracts	Totals
1. AlabamaA	۱L						
2. Alaska	۱K						
3. Arizona	۱Z						
4. Arkansas	۱R						
5. California							
6. Colorado							
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12. Hawaii							
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21. Maryland							
22. Massachusetts							
23. Michigan	/II						
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25. Mississippi	//S						
26. Missouri							
27. Montana							
	۱E						
29. Nevada							
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York	1Y						
34. North Carolina	IC						
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46. Vermont	/T				l	l	L
47. Virginia							
48. WashingtonV		•		•			
•							
49. West Virginia							
50. Wisconsin V					····	····	<u> </u>
51. WyomingV							
52. American Samoa	۱S						
53. Guam	U£						
54. Puerto RicoF							
55. U.S. Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
Jr. Canaua							
58. Aggregate Other Alien							

### 33

### **SCHEDULE Y**

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95562	38-3252216	CareSource Michigan	(18,000,000)				(8.668.437)				(26,668,437)	
	31-1703368 31-1703371 56-2582561	CareSource Management Group CareSource Management Services The CareSource Foundation	18,000,000				8,062,818 492,208		<u> </u>		26,062,818 492,208	l
	31-1703371	CareSource Management Services	, , , , , , , , , , , , , , , , , , ,				492,208		İ		492,208	i
	56-2582561	The CareSource Foundation					113,411				113,411	1
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### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

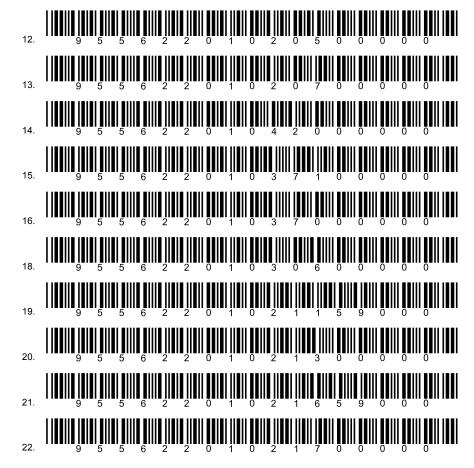
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.		YES
3.		YES
4.		YES
5.	APRIL FILING  Will Management's Discussion and Analysis be filed by April 1?	YES
6.	, , , , , ,	YES
7.		YES
	JUNE FILING	
8.	·	YES
9.	,	YES
40	AUGUST FILING	YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar coduplement is required of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following	the type of business for e will be printed below. If
	MARCH FILING	
11.		SEE EXPLANATION
12.	•••	N0
13.		NONO
14. 15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
18.		NO
19. 20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
21.		NONO.
	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the sate of domicile and the	
		N0
23.	AUGUST FILING  Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION
-	nation: verage provided through Medicare Advantage Program	
11. 00	Totago provided timodificate nevaritage riogram	
12.		
13.		
14.		
15. 16.		
	verage provided through Medicare Advantage Program	
00	ge production and the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the cont	
18.		
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23. Premiums wirtten are under threshold under

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

#### Bar code:



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